



ACADEMIC TRAINING AUTHORIZATION – DEPARTMENT LETTER OF SUPPORT

(To be completed by student's academic advisor)

Student's Name _____ Student's Panther ID _____

Academic Advisor Name _____ Email Address _____

Telephone Number _____

FIU College _____ Department _____

Please describe the goals and objectives of the specific academic training (AT) program.

Describe how the proposed AT duties are directly related to the student's field of study.



Based on the premise that Exchange Visiting students' main purpose is to study and exchange their culture, please explain why the training is an integral or critical part of the academic program.

Please work with student to provide:

Mid-Program Check in Date _____

End of Program Check in Date _____

(These are the dates when the student will seek the assistance from the AT supervisor and you (his/her advisor) to report back to ISSS on his performance, goal accomplishment, and completion of the AT experience).

I confirm that the above is true and correct to the best of my knowledge.

Academic Advisor Signature _____ Date _____

Student Signature: _____ Date _____